

SENDER, COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

* 04-144
Cary S. Tepper
Counsel for Piscataway Board of
Education
Booth Freret Imlay & Tepper, PC
7900 Wisconsin Ave.
Suite 304
Bethesda, MD 20814

2. Article Number (Copy from service label)

7002-0510-0003-8378-2769

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

RECEIVED BY ADDRESSEE, COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

☐ Agent

☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☒ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

DOCKET NO. 04-144

RECEIVED & INSPECTED

APR 14 2004

**CERTIFIED
MAIL**

FCC - MAILROOM

RETI 04-144

Cary S. Tepper

NAME: Counsel for Piscataway Board of
Education

Booth Freret Imlay & Tepper, PC
7900 Wisconsin Ave.

Suite 304

Bethesda, MD 20814

REQUESTED

C. R. R. NO.

ORDER DATED 4-9-04
DB FCC 04-957
MIMEOGRAPH NO.

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only. No Insurance Coverage Provided)

OFFICIAL USE

Postage

\$

37

Certified Fee

2.30

Return Receipt Fee
(Endorsement Required)

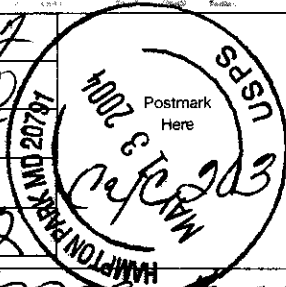
1.75

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

4.42



See to
CARY S. TEPPER
Street, Apt. No.,
or PO Box No. 7900 WISCONSIN AVE
City, State, ZIP+4
Bethesda, Md. 20814

PS Form 3811, July 1999

See Instructions on Back

7002 0510 0003 8378 2769